

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
6		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
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44						
46						
46						
47						
48						
49						
60						
TOTAL IND.	3					
TOTAL DEP.	17					
TOTAL TOT.	20					

	ENO.	OEP.	ENO.	OEP.	ENO.	OEP.
61						
62						
63						
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99						
100						
TOTAL ENO.						
TOTAL OEP.						
TOTAL		12225		15551		15551